

3/1/22, 1:43 PM

**L22-000085836**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000078378 3)))



H220000783783ABC4

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Goodwin@popsells.com

SECRETARY OF STATE  
JULY 2021  
FLORIDA

2022 MAR -1 AM 9:01

FILED

**FLORIDA LIMITED LIABILITY CO.  
Clark Lake Prop 6 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

*[Handwritten signature]*

FAX AUDIT # H22000078378 3

**ARTICLES OF ORGANIZATION  
OF  
Clark Lake Prop 6 LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Clark Lake Prop 6 LLC


**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
5717 Bessie Dr, Sarasota, Florida 34233-2330.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent is: Goodwin Bussie, 5717 Bessie Dr, Sarasota, Florida 34233-2330. Located in the County of Sarasota.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Signature: *Goodwin Bussie, Registered Agent*Date: 3/1/2022**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is:  
Paid On Performance LLC, 5795 S. Sandhill Road, Suite F, Las Vegas, Nevada 89120

FAX AUDIT # H22000078378 3

FILED  
2022 MAR - 1 AM 9:01  
SECRETARY OF STATE  
FLORIDA

FAX AUDIT # H22000078378 3**ARTICLE V      DURATION**

The duration for the limited liability company shall be: Perpetual.

Goodwin Bussie, Organizer  
Authorized RepresentativeDate: 3/1/2022

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.)

SECRETARY OF STATE  
JANUARY 1, 2022  
TALLAHASSEE, FLORIDA

2022 MAR -1 AM 9:01

FILED

H22000078378 3

FAX AUDIT # \_\_\_\_\_